

Unit 8E, Golden Sun Centre, 59-67 Bonham Strand West, Sheung Wan, Hong Kong Tel: +852 2530 2530 | Fax: +852 2530 2535 | Email: crew@navigator-insurance.com | www.navigator-insurance.com



## Global Medical Insurance®- BRONZE WORLDWIDE COVERAGE

Optional Dental & Vision Rider \$570 annual premium

(New Business Rates Effective 2/1/2016. IMG reserves the right to issue the most current rates online in the event these expire, are modified or replaced with a newer version.)

### **ANNUAL PREMIUMS**

All amounts shown are in U.S. dollars. Please select your deductible carefully, as you will be unable to select a lower deductible when you renew your coverage.

Deductibles	\$25	50	\$5	500	\$1,0	000	\$2,	500	\$5,	000	\$10	,000
AGE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
14 days to 9 years**	First 2 no a			additional Then 259	First 2 no a cost* - Th		First 2 no a			additional hen 162	First 2 no cost* - T	additional hen 144
10 to 18**	30	5	2	72	224	4	20	)8	19	96	17	73

\*The first two Dependent Children from the ages of 14 days to 9 years are covered at no additional cost for the first year of coverage only when both parents or guardians are insured under the Global Medical Insurance plan. On the first renewal date, premium will be 50% of the published rates. For subsequent renewals, the renewal premium will apply. \*\*Dependent child rates are only available when at least one parent or guardian is insured under the Global Medical Insurance plan. Children applying with no parent or guardian insured by Global Medical Insurance must use the Male 19 to 24 rates.

19 to 24	690	861	598	848	466	650	405	566	319	454	283	391
25 to 29	729	981	636	953	495	734	432	637	338	530	301	417
30 to 34	816	1,085	702	1,022	544	791	477	690	374	554	332	471
35 to 39	932	1,307	755	1,159	585	900	512	778	400	648	357	506
40 to 44	1,179	1,435	957	1,248	635	978	556	856	532	663	472	590
45 to 49	1,313	1,583	1,077	1,346	833	1,041	727	907	593	716	528	637
50 to 54	1,603	1,761	1,359	1,518	1,050	1,178	916	1,048	779	868	692	774
55 to 59	1,975	1,975	1,717	1,717	1,329	1,328	1,159	1,159	976	983	867	876
60 to 64	2,908	2,736	2,649	2,479	2,234	1,880	2,022	1,815	1,690	1,501	1,504	1,336
65 to 69	6,072	5,268	5,811	5,038	5,436	4,588	4,179	3,410	3,654	3,272	3,252	2,912
70 to 74				Please contac	ct IMG or your a	gent for prem	ium information	concerning th	is age bracket			

Modal Payment Factors\* Annual 1.00 Semi Annual .55 Quarterly .28 Monthly .10

<sup>\*</sup>Except for Global Group, IMG will not accept checks, money orders or wire transfers for semi-annual, quarterly, or monthly payment modes. These alternative payment modes are only accepted with pre-authorization to debit your credit card on the due date(s) of your future premium installment(s) prior to the expiration date.



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r ¥i L JIMG<sup>™</sup>

# Global Medical Insurance®- BRONZE WORLDWIDE COVERAGE EXCLUDING THE U.S., CANADA, CHINA, HONG KONG, JAPAN, MACAU, SINGAPORE, AND TAIWAN

(New Business Rates Effective 2/1/2016. IMG reserves the right to issue the most current rates online in the event these expire, are modified or replaced with a newer version.)

#### **ANNUAL PREMIUMS**

All amounts shown are in U.S. dollars. Please select your deductible carefully, as you will be unable to select a lower deductible when you renew your coverage.

Deductibles	\$2	50	\$5	00	\$1,0	000	\$2,	500	\$5,	000	\$10,	,000
AGE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
14 days to 9 years**		additional hen 223		additional hen 195	First 2 no a cost* - T		First 2 no cost* - T	additional hen 133	First 2 no cost* - T	additional hen 123	First 2 no cost* - T	additional hen 107
10 to 18**	22	29	20	04	16	59	15	57	14	<b>1</b> 7	12	29

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19 to 24	519	645	448	635	349	487	305	424	239	341	212	294
25 to 29	547	736	478	716	371	550	323	479	254	397	225	314
30 to 34	612	814	527	767	407	594	357	518	280	416	249	355
35 to 39	701	981	567	871	438	676	385	584	301	487	268	379
40 to 44	883	1,077	717	936	476	734	417	642	399	500	355	442
45 to 49	984	1,187	807	1,010	626	782	545	681	444	537	396	477
50 to 54	1,202	1,321	1,020	1,138	787	883	688	785	584	652	520	581
55 to 59	1,481	1,481	1,287	1,287	997	996	868	868	731	737	651	656
60 to 64	2,181	2,053	1,987	1,859	1,675	1,479	1,517	1,362	1,267	1,127	1,129	1,002
65 to 69	4,553	3,951	4,359	3,779	4,078	3,441	3,134	2,558	2,741	2,454	2,439	2,184
70 to 74				Please contac	ct IMG or your ag	ent for premiun	n information o	concerning this	age bracket			

Please contact IMG or your agent for premium information concerning this age bracket

Optional Dental & Vision Rider \$460 annual premium

Modal Payment Factors\* Annual 1.00 Semi Annual .55 Quarterly .28 Monthly .10

<sup>\*</sup>Except for Global Group, IMG will not accept checks, money orders or wire transfers for semi-annual, quarterly, or monthly payment modes. These alternative payment modes are only accepted with pre-authorization to debit your credit card on the due date(s) of your future premium installment(s) prior to the expiration date.



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Modal Payment Factors\* Annual 1.00 Semi Annual .55 Quarterly .28 Monthly .10

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# Global Medical Insurance®- SILVER WORLDWIDE COVERAGE

Optional Dental & Vision Rider \$570 annual premium

(New Business Rates Effective 2/1/2016. IMG reserves the right to issue the most current rates online in the event these expire, are modified or replaced with a newer version.)

### **ANNUAL PREMIUMS**

All amounts shown are in U.S. dollars. Please select your deductible carefully, as you will be unable to select a lower deductible when you renew your coverage.

Deductibles	\$2	50	\$5	500	\$1,0	000	\$2	,500	\$5,0	000	\$10	,000
AGE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
14 days to 9 years**	First 2 no a cost* - T			additional Then 300	First 2 no a cost* - T			additional Then 205	First 2 no cost* - T		First 2 no cost* - T	
10 to 18**	35	52	3	14	25	59	2	241	22	27	20	01

\*The first two Dependent Children from the ages of 14 days to 9 years are covered at no additional cost for the first year of coverage only when both parents or guardians are insured under the Global Medical Insurance plan. On the first renewal date, premium will be 50% of the published rates. For subsequent renewals, the renewal premium will apply. \*\*Dependent child rates are only available when at least one parent or guardian is insured under the Global Medical Insurance plan. Children applying with no parent or guardian insured by Global Medical Insurance must use the Male 19 to 24 rates.

19 to 24	798	995	691	980	538	751	469	654	368	525	327	452
25 to 29	843	1,134	736	1,102	572	849	499	737	391	613	348	482
30 to 34	943	1,255	812	1,182	629	915	552	798	433	641	384	545
35 to 39	1,077	1,511	873	1,340	676	1,041	592	899	462	749	413	585
40 to 44	1,363	1,659	1,106	1,443	734	1,130	643	990	615	766	546	682
45 to 49	1,518	1,830	1,245	1,557	964	1,203	840	1,049	686	827	610	737
50 to 54	1,853	2,036	1,571	1,755	1,214	1,361	1,059	1,211	900	1,004	800	895
55 to 59	2,284	2,284	1,985	1,985	1,537	1,535	1,340	1,340	1,128	1,137	1,003	1,013
60 to 64	3,362	3,163	3,063	2,866	2,582	2,279	2,338	2,098	1,953	1,735	1,739	1,545
65 to 69	7,020	6,090	6,718	5,824	6,284	5,304	4,831	3,943	4,224	3,782	3,759	3,367
70 to 74				Please contac	ct IMG or your ag	ent for premiun	n information c	oncerning this	age bracket			

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# Global Medical Insurance®- SILVER WORLDWIDE COVERAGE EXCLUDING THE U.S., CANADA, CHINA, HONG KONG, JAPAN, MACAU, SINGAPORE, AND TAIWAN

(New Business Rates Effective 2/1/2016. IMG reserves the right to issue the most current rates online in the event these expire, are modified or replaced with a newer version.)

### **ANNUAL PREMIUMS**

All amounts shown are in U.S. dollars. Please select your deductible carefully, as you will be unable to select a lower deductible when you renew your coverage.

Deductibles	\$2	50	\$5	500	\$1,	000	\$2,	500	\$5,	000	\$10	,000
AGE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
14 days to 9 years**	First 2 no a cost* - T			additional Then 226		additional Then 175		additional hen 154	First 2 no cost* - T			additional hen 124
10 to 18**	26	55	2	35	19	95	1	81	17	70	14	49

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19 to 24	600	746	518	734	403	562	352	491	276	395	245	340
25 to 29	632	851	553	827	428	635	374	554	293	459	261	363
30 to 34	707	941	609	887	471	687	413	598	324	481	288	410
35 to 39	810	1,134	655	1,007	507	782	445	675	348	562	310	438
40 to 44	1,021	1,245	828	1,082	550	848	482	742	461	578	410	511
45 to 49	1,138	1,372	933	1,167	724	904	630	787	513	621	458	552
50 to 54	1,390	1,527	1,179	1,316	910	1,021	796	908	675	754	601	671
55 to 59	1,712	1,712	1,488	1,488	1,152	1,151	1,004	1,004	845	852	752	759
60 to 64	2,521	2,373	2,297	2,149	1,937	1,710	1,754	1,575	1,465	1,303	1,305	1,159
65 to 69	5,264	4,567	5,039	4,369	4,714	3,979	3,623	2,957	3,169	2,837	2,820	2,524
70 to 74			1	Please contac	t IMG or your a	gent for premiur	m information o	concerning this	age bracket			

Optional Dental & Vision Rider \$460 annual premium

Modal Payment Factors\* Annual 1.00 Semi Annual .55 Quarterly .28 Monthly .10

<sup>\*</sup>Except for Global Group, IMG will not accept checks, money orders or wire transfers for semi-annual, quarterly, or monthly payment modes. These alternative payment modes are only accepted with pre-authorization to debit your credit card on the due date(s) of your future premium installment(s) prior to the expiration date.



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## Global Medical Insurance® - GOLD (For enhanced, long-term benefits, see Gold Plus plan option) WORLDWIDE COVERAGE

(New Business Rates Effective 2/1/2016. IMG reserves the right to issue the most current rates online in the event these expire, are modified or replaced with a newer version.)

### **ANNUAL PREMIUMS**

All amounts shown are in U.S. dollars. Please select your deductible carefully, as you will be unable to select a lower deductible when you renew your coverage.

Deductibles	\$2	250	\$5	00	\$1,	000	\$2,	500	\$5,0	000	\$10	,000	\$25,	,000
AGE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
14 days to 9 years**		additional Then 479	First 2 no cost* - T	additional hen 409		additional hen 306		additional hen 278	First 2 no cost* - T			additional Then 222	First 2 no a	
10 to 18**	5	30	43	32	33	38	3	06	27	'4	2	45	22	21

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19 to 24	1,106	1,456	952	1,380	761	1,020	658	882	513	711	405	537	365	484
25 to 29	1,131	1,607	973	1,499	778	1,105	674	956	525	746	415	550	374	495
30 to 34	1,201	1,729	1,032	1,590	826	1,207	718	1,050	565	852	446	638	401	574
35 to 39	1,247	1,917	1,073	1,684	858	1,252	747	1,090	586	885	463	662	417	595
40 to 44	1,638	2,142	1,499	1,949	1,199	1,439	1,031	1,361	804	1,038	635	813	572	659
45 to 49	1,897	2,294	1,725	2,104	1,329	1,595	1,196	1,436	974	1,121	770	885	693	797
50 to 54	2,255	2,431	2,030	2,212	1,623	1,769	1,502	1,637	1,201	1,309	949	1,034	854	931
55 to 59	2,992	2,908	2,663	2,583	2,170	2,106	1,834	1,779	1,540	1,494	1,218	1,180	1,096	1,062
60 to 64	4,202	3,963	3,929	3,682	3,144	2,907	2,955	2,733	2,482	2,196	2,035	1,812	1,832	1,630
65 to 69	8,406	7,557	8,153	7,069	7,583	6,483	5,876	5,406	5,171	4,758	4,240	3,901	3,816	3,511

Please contact IMG or your agent for premium information concerning this age bracket

Optional Dental & Vision Rider \$570 annual premium

70 to 74

Modal Payment Factors\* Annual 1.00 Semi Annual .55 Quarterly .28 Monthly .10

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### **Global Medical Insurance®- GOLD** (For enhanced, long-term benefits, see Gold Plus plan option) WORLDWIDE COVERAGE EXCLUDING THE U.S., CANADA, CHINA, HONG KONG, JAPAN, MACAU, SINGAPORE, AND TAIWAN

(New Business Rates Effective 2/1/2016. IMG reserves the right to issue the most current rates online in the event these expire, are modified or replaced with a newer version.)

### **ANNUAL PREMIUMS**

All amounts shown are in U.S. dollars. Please select your deductible carefully, as you will be unable to select a lower deductible when you renew your coverage.

Deductibles	\$2	50	\$!	500	\$1,0	000	\$2,	500	\$5,	000	\$10,	.000	\$25,	,000
AGE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE
14 days to 9 years**	First 2 no additional cost* - Then 353			additional Then 302	First 2 no a cost* - T	additional hen 226	First 2 no cost* - T	additional hen 206	First 2 no cost* - T	additional hen 182	First 2 no a cost* - T		First 2 no cost* - T	additional hen 148
10 to 18**	39	91	3	19	25	50	22	27	20	)3	18	32	16	54

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19 to 24	819	1,078	704	1,021	564	754	487	653	380	526	300	398	270	358
25 to 29	837	1,189	720	1,110	577	819	498	707	389	552	307	407	277	366
30 to 34	888	1,280	764	1,177	611	893	532	776	417	630	330	472	297	425
35 to 39	923	1,418	794	1,246	634	927	553	807	434	655	342	489	308	440
40 to 44	1,212	1,584	1,110	1,442	887	1,065	763	1,007	595	767	470	602	423	542
45 to 49	1,404	1,698	1,277	1,557	983	1,180	885	1,062	722	829	570	655	513	590
50 to 54	1,669	1,799	1,502	1,637	1,201	1,309	1,111	1,211	889	969	702	765	632	689
55 to 59	2,215	2,152	1,971	1,912	1,607	1,558	1,357	1,317	1,140	1,106	900	874	810	787
60 to 64	3,110	2,932	2,907	2,724	2,326	2,152	2,187	2,022	1,837	1,625	1,506	1,341	1,356	1,207
65 to 69	6,221	5,593	6,033	5,231	5,611	4,797	4,349	4,000	3,827	3,521	3,138	2,887	2,824	2,599
70 to 74				Plea	se contact IM	IG or your ag	ent for premi	um informati	on concernin	g this age bra	cket			

Please contact IMG or your agent for premium information concerning this age bracket

Optional Dental & Vision Rider \$460 annual premium

Modal Payment Factors\* Annual 1.00 Semi Annual .55 Quarterly .28 Monthly .10

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# Global Medical Insurance® - GOLD PLUS WORLDWIDE COVERAGE

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### **ANNUAL PREMIUMS**

All amounts shown are in U.S. dollars. Please select your deductible carefully, as you will be unable to select a lower deductible when you renew your coverage.

Deductibles	\$2	50	\$500		\$1,000		\$2,500		\$5,000		\$10,000		\$25,000	
AGE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	MALE FEMALE		MALE FEMALE		FEMALE	MALE	FEMALE
14 days to 9 years**	First 2 no cost* - T	additional hen 641	First 2 no additional cost* - Then 540		First 2 no additional cost* - Then 411			additional hen 373		additional Then 334		additional hen 289		additional Then 260
10 to 18**	695		567		439		40	00	3	55	323		29	90

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19 to 24	1,259	1,767	1,047	1,469	812	1,140	714	1,003	585	821	447	627	402	564
25 to 29	1,268	1,901	1,090	1,635	845	1,268	743	1,115	608	912	464	698	418	628
30 to 34	1,465	2,266	1,220	1,886	945	1,462	832	1,286	680	1,053	520	803	468	723
35 to 39	1,635	2,548	1,360	2,121	1,054	1,644	928	1,446	760	1,184	580	905	522	814
40 to 44	2,108	2,811	1,755	2,340	1,360	1,814	1,197	1,596	980	1,306	748	997	673	898
45 to 49	2,636	3,031	2,193	2,522	1,700	1,955	1,497	1,721	1,224	1,408	935	1,076	842	968
50 to 54	4,642	5,014	4,467	4,818	3,968	4,285	3,491	3,770	2,857	3,086	2,182	2,357	1,964	2,121
55 to 59	6,239	6,124	6,066	5,950	5,430	5,373	4,779	4,728	3,910	3,868	2,987	2,955	2,688	2,659
60 to 64	7,782	7,151	7,554	6,938	6,701	6,239	5,897	5,490	4,825	4,492	3,685	3,431	3,317	3,088
65 to 69	17,447	15,136	16,753	14,546	16,176	13,865	13,426	11,508	10,029	8,596	8,897	7,626	8,007	6,863

Please contact IMG or your agent for premium information concerning this age bracket

Optional Dental & Vision Rider \$570 annual premium

70 to 74

Modal Payment Factors\* Annual 1.00 Semi Annual .55 Quarterly .28 Monthly .10

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# Global Medical Insurance®- GOLD PLUS

WORLDWIDE COVERAGE EXCLUDING THE U.S., CANADA, CHINA, HONG KONG, JAPAN, MACAU, SINGAPORE, AND TAIWAN

(New Business Rates Effective 2/1/2016. IMG reserves the right to issue the most current rates online in the event these expire, are modified or replaced with a newer version.)

### **ANNUAL PREMIUMS**

All amounts shown are in U.S. dollars. Please select your deductible carefully, as you will be unable to select a lower deductible when you renew your coverage.

Deductibles	\$2	50	\$500		\$1,000		\$2,500		\$5,000		\$10,000		\$25,	,000
AGE	MALE	FEMALE	MALE FEMALE		MALE	FEMALE	MALE FEMAL		MALE	MALE FEMALE		FEMALE	MALE	FEMALE
14 days to 9 years**		additional hen 479	First 2 no additional cost* - Then 405		First 2 no additional cost* - Then 312		First 2 no a		First 2 no cost* - T	additional Then 251		additional hen 222	First 2 no a	additional hen 200
10 to 18**	521		426		331		299		269		241		21	17

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19 to 24	944	1,325	786	1,103	609	855	536	753	439	616	335	470	301	423
25 to 29	950	1,427	818	1,226	633	950	558	836	456	685	349	522	314	470
30 to 34	1,100	1,699	915	1,414	710	1,097	623	965	510	789	390	603	351	542
35 to 39	1,226	1,912	1,020	1,591	791	1,234	697	1,086	570	888	435	678	391	610
40 to 44	1,582	2,108	1,316	1,755	1,020	1,360	898	1,197	735	980	561	748	505	673
45 to 49	1,977	2,276	1,645	1,893	1,275	1,468	1,123	1,292	918	1,057	702	808	632	727
50 to 54	3,952	4,121	3,481	3,631	2,976	3,213	2,618	2,829	2,143	2,314	1,637	1,768	1,473	1,591
55 to 59	4,679	4,593	4,550	4,464	4,073	4,030	3,584	3,547	2,932	2,902	2,240	2,217	2,016	1,995
60 to 64	5,836	5,364	5,666	5,204	5,026	4,679	4,423	4,118	3,619	3,369	2,764	2,573	2,488	2,316
65 to 69	13,085	11,352	12,566	10,911	12,132	10,399	10,069	8,631	7,522	6,447	6,673	5,719	6,006	5,147
70 to 74				Plea	se contact IMC	G or your agen	t for premiun	n informatio	n concerning	this age bracl	ket	1		

Optional Dental & Vision Rider \$460 annual premium

Modal Payment Factors\* Annual 1.00 Semi Annual .55 Quarterly .28 Monthly .10

<sup>\*</sup>Except for Global Group, IMG will not accept checks, money orders or wire transfers for semi-annual, quarterly, or monthly payment modes. These alternative payment modes are only accepted with pre-authorization to debit your credit card on the due date(s) of your future premium installment(s) prior to the expiration date.



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# Global Medical Insurance®- PLATINUM

(New Business Rates Effective 2/1/2016. IMG reserves the right to issue the most current rates online in the event these expire, are modified or replaced with a newer version.)

### **ANNUAL PREMIUMS**

All amounts shown are in U.S. dollars. Please select your deductible carefully, as you will be unable to select a lower deductible when you renew your coverage.

Deductibles	10	00	250		500		1,000		2,5	500	5,0	000	10,000		25,0	000
AGE	MALE FEMALE		MALE	FEMALE	MALE	FEMALE	MALE FEMALE		MALE	FEMALE	MALE	FEMALE	MALE FEMALE		MALE	FEMALE
14 days to 9 years**		additional nen 2,357	First 2 no additional cost* - Then 2,145			additional nen 1,923		additional nen 1,638		additional nen 1,550	First 2 no cost* - Th	additional nen 1,466	First 2 no cost* - Th	additional nen 1,394		additional nen 1,255
10 to 18**	2,4	193	2,2	266	1,9	985	1,7	704	1,6	511	1,5	521	1,4	142	1,2	298

\*The first two Dependent Children from the ages of 14 days to 9 years are covered at no additional cost for the first year of coverage only when both parents or guardians are insured under the Global Medical Insurance plan. On the first renewal date, premium will be 50% of the published rates. For subsequent renewals, the renewal premium will apply. \*\*Dependent child rates are only available when at least one parent or quardian is insured under the Global Medical Insurance plan. Children applying with no parent or quardian insured by Global Medical Insurance must use the Male 19 to 24 rates.

		1				T .	1	1	1							
19 to 24	3,908	5,947	3,569	5,373	3,152	5,142	2,605	3,837	2,371	3,453	2,058	2,762	1,745	2,418	1,571	2,176
25 to 29	4021	7,324	3,672	6,615	3,244	6,332	2,680	4,725	2,439	4,253	2,118	3,733	1,796	2,788	1,617	2,509
30 to 34	4,386	8,299	4,006	7,496	3,538	6,961	2,924	5,354	2,661	4,819	2,310	4,230	1,959	3,267	1,763	2,940
35 to 39	4,630	9,216	4,229	8,324	3,735	7,552	3,087	5,946	2,809	5,351	2,438	4,697	2,068	3,389	1,861	3,050
40 to 44	5,687	10,080	5,194	9,105	4,587	8,195	3,791	6,503	3,450	5,853	2,994	5,138	2,464	3,902	2,218	3,512
45 to 49	6,956	8,028	6,354	7,251	5,751	6,008	4,638	5,180	4,220	4,662	3,663	4,092	2,968	3,108	2,671	2,797
50 to 54	14,707	16,712	13,342	15,253	13,131	14,020	10,505	11,216	9,559	10,094	8,299	8,861	6,723	7,066	6,051	6,360
55 to 59	20,921	20,621	19,109	18,684	17,435	17,299	13,948	13,840	12,693	12,455	11,019	10,933	8,648	8,580	7,783	7,722
60 to 64	23,227	22,058	21,070	20,194	19,576	18,486	16,591	15,535	15,098	13,981	13,106	12,272	10,783	9,787	9,705	8,808
65 to 69	47,212	41,347	42,990	37,709	41,454	36,055	38,383	33,078	29,939	27,455	26,101	23,817	21,878	19,847	19,691	17,862
70 to 74					Please cor	ntact IMG or	your agen	t for premiu	ım informa	ition conce	rning this a	ge bracket				

Modal Payment Factors\* Annual 1.00 Semi Annual .55 Quarterly .28 Monthly .10

<sup>\*</sup>Except for Global Group, IMG will not accept checks, money orders or wire transfers for semi-annual, quarterly, or monthly payment modes. These alternative payment modes are only accepted with pre-authorization to debit your credit card on the due date(s) of your future premium installment(s) prior to the expiration date.



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# Global Medical Insurance®- PLATINUM WORLDWIDE COVERAGE EXCLUDING THE U.S., CANADA, CHINA, HONG KONG, JAPAN, MACAU, SINGAPORE, AND TAIWAN

(New Business Rates Effective 2/1/2016. IMG reserves the right to issue the most current rates online in the event these expire, are modified or replaced with a newer version.)

### **ANNUAL PREMIUMS**

All amounts shown are in U.S. dollars. Please select your deductible carefully, as you will be unable to select a lower deductible when you renew your coverage.

Deductibles	\$1	00	\$250		\$500		\$1,000		\$2,	500	\$5,	000	\$10,000		\$25	,000
AGE	MALE FEMALE		MALE	FEMALE	MALE FEMALE		MALE	FEMALE	MALE FEMALE		MALE FEMALE		MALE	FEMALE	MALE	FEMALE
14 days to 9 years**		additional nen 1,971	First 2 no additional cost* - Then 1,790			additional nen 1,625	First 2 no cost* - Th	additional nen 1,414	First 2 no cost* - Th		First 2 no cost* - Th	additional nen 1,281	First 2 no cost* - Th	additional nen 1,230		additional nen 1,107
10 to 18**	2,0	)68	1,8	80	1,6	573	1,4	162	1,3	192	1,3	24	1,2	165	1,1	139

\*The first two Dependent Children from the ages of 14 days to 9 years are covered at no additional cost for the first year of coverage only when both parents or guardians are insured under the Global Medical Insurance plan. On the first renewal date, premium will be 50% of the published rates. For subsequent renewals, the renewal premium will apply. \*\*Dependent child rates are only available when at least one parent or guardian is insured under the Global Medical Insurance plan. Children applying with no parent or guardian insured by Global Medical Insurance must use the Male 19 to 24 rates.

19 to 24	3,169	4,825	2,894	4,358	2,556	4,171	2,112	3,113	1,923	2,801	1,669	2,241	1,415	1,961	1,273	1,765
25 to 29	3257	5,935	2,975	5,440	2,627	4,516	2,171	3,726	1,976	3,353	1,716	2,910	1,455	2,474	1,310	2,227
30 to 34	3,531	6,682	3,224	6,034	2,848	5,604	2,353	4,311	2,142	3,879	1,860	3,405	1,577	2,629	1,420	2,366
35 to 39	3,704	7,373	3,382	6,659	2,988	6,041	2,469	4,757	2,246	4,280	1,950	3,757	1,655	2,711	1,489	2,440
40 to 44	4,493	7,964	4,103	7,193	3,624	6,474	2,995	5,137	2,725	4,624	2,366	4,058	1,947	3,083	1,752	2,774
45 to 49	5,496	6,343	5,019	5,729	4,543	4,747	3,663	4,092	3,334	3,683	2,894	3,233	2,345	2,456	2,110	2,210
50 to 54	11,471	13,034	10,406	11,897	10,242	10,935	8,194	8,748	7,457	7,873	6,474	6,911	5,244	5,511	4,720	4,960
55 to 59	16,256	16,022	14,848	14,517	13,548	13,442	10,838	10,753	9,862	9,678	8,562	8,495	6,720	6,668	6,048	6,001
60 to 64	17,884	16,985	16,224	15,550	15,074	14,234	12,774	11,962	11,625	10,766	10,091	9,450	8,304	7,536	7,473	6,783
65 to 69	35,881	31,424	32,672	28,658	31,505	27,402	29,172	25,139	22,754	20,866	19,837	18,101	16,628	15,083	14,965	13,575
70 to 74					Please co	ntact IMG o	r your ager	nt for prem	ium informa	ation conce	rning this ag	je bracket				

Modal Payment Factors\* Annual 1.00 Semi Annual .55 Quarterly .28 Monthly .10

<sup>\*</sup>Except for Global Group, IMG will not accept checks, money orders or wire transfers for semi-annual, quarterly, or monthly payment modes. These alternative payment modes are only accepted with pre-authorization to debit your credit card on the due date(s) of your future premium installment(s) prior to the expiration date.